

FORM 25  
6/99

1.	DISTRICT/ CONSORTIUM #		SCHOOL NAME		
2.	PROGRAM ID. #		FISCAL YEAR		PROJECT NUMBER
3.	PROGRAM TITLE				
4.	MAILING ADDRESS				
	CITY & STATE				ZIP CODE

ITEM DESCRIPTION (Please show brand name, model number and <u>physical location</u> of equipment)	SERIAL NUMBER	QTY	UNIT COST	TOTAL COST	FEDERAL SHARE (% or \$ amount)	PURCHASE DATE	Division Use Only
							Prof-Tech I.D. #

Inventory Taken By		Date
Signature of School Official	Title	Date